

MULTIPLE-DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/595 828

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
								IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				51							
2	/		/				52							
3	2		/				53							
4			/				54							
5							55							
6			/				56							
7			/				57							
8							58							
9							59							
10			/				60							
11			/				61							
12			/				62							
13			/				63							
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15			/				65							
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17			/				67							
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42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	31	↓	2	↓										
TOTAL DEP.	1	←	26	←										
TOTAL CLAIMS	32	[REDACTED]	28	[REDACTED]										